DOCUMENT RESUME

ED 316 365 RC 017 400

TITLE	Louisiana Migrant Health Manual. Bulletin 1805.
INSTITUTION	Louisiana State Dept. of Education, Baton Rouge.
PUB DATE	87
NOTE	85p.
PUB TYPE	Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Migrant Children; *Migrant Health Services; Migrant Programs; Nurses; *Recordkeeping; Staff Role; *Student Records
IDENTIFIERS	Migrant Education Program; *Migrant Health Program; *Migrant Student Record Transfer System

ABSTRACT

This manual aims to assist nurses in designing, developing, and administering the Migrant Health Services Program; to assist in entering pertinent medical information onto the Migrant Student Record Transfer System (MSRTS) database; and to provide guidelines for recordkeeping. The contents provide a reference source for the experienced nurse and an initial orientation and training aid for the inexperienced nurse. The manual should be used in conjunction with the MSRTS resource guide, "People to People--Utilization Opens Doors," and the "National MSRTS Health User's Manual." The first section covers: (1) Migrant Education Program flow of information; (2) Migrant Health Program goals and service restrictions; (3) health services provided; (4) health program guidelines for personnel; (5) recordkeeping guidelines; (6) work flow for filing the MSRTS health record; (7) corrections and deletions; and (8) information for the annual program evaluation. The second section contains 10 sample forms, form letters, questionnaires, and worksheets. The third section provides details for completing the Health Data Entry Form, examples of situations that may arise and how to record them, and suggestions for handling sensitive data. A resource section includes lists of the staff of the Louisiana Bureau of Migrant Education, MSRTS technical assistants in Louisiana, and migrant nurses in the state. (SV)

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LOUISIANA

MIGRANT HEALTH MANUAL

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Bulletin 1805

PC017400

LOUISIANA MIGRANT HEALTH MANUAL

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BULLETIN 1805

This public document was published at a cost of $.78 each. One hundred fifteen copies of this public document were published in this first printing at a cost of $90. This document was published by the Louisiana Department of Education, P. O. Box 94064, Baton Rouge, LA, 70804, to provide procedures to fulfill the roles of MSRTS Specialists and of Migrant Nurses at the local level, under authority of Public Law 97-35, Chapter 1 Education Consolidation and Improvement Act and regulations issued thereunder. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.

PREFACE

This manual represents the combined efforts of past and present SEA and LEA Migrant Education personnel. It combines and updates the 1980 publication, I Am Responsible for Me, and the Migrant Student Record Transfer System Louisiana Health Manual, Bulletin 1711. This manual replaces both publications. I am grateful for the work done by Billie Jean Pietri and Evelyn Baughman in preparing the original publications. I extend my gratitude to the following for their input in the former and present manuals: Leslie June Beassie, Jane Bordelon, Mary Cannon, Fran Dowdy, Molly Fusting, Regina Howell, Gayle Lindsay, Betty Meador, Nancy Patterson, Eloise Sullivan, Denice Guillory Thomas and Carrie Williams.

Wanda Osterthaler
MSRTS Coordinator

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INTRODUCTION

The purpose of this manual is to assist the migrant nurse in designing, developing and administering the Migrant Health Services Program; to assist in entering pertinent medical information onto the Migrant Student Record Transfer System data base; and to provide guidelines for recordkeeping.

The contents are directed to both experienced and nonexperienced Migrant nurses. For the experienced nurse, it provides a source of reference, and for the new Migrant nurse, it provides an initial orientation and training aid as well as a later source of reference.

Because the Migrant Student Record Transfer System (MSRTS) must be responsive to changing needs, this manual is designed in looseleaf form to allow for revisions as necessary. Use this manual in conjunction with the MSRTS resource guide, People to People - Utilization Opens Doors, and the National MSRTS Health User's Manual.

MSRTS Resource Guide: People to People - Utilization Opens Doors

Migrant nurses must have a copy of the MSRTS resource guide, People to People - Utilization Opens Doors. The resource guide gives valuable information about Migrant Education and the health program. It is divided into sections on utilization, health, education and an appendix. Each section contains its own table of contents, making the guide very easy to use. In it, you will find the definition of a migrant child, health screening standards, blood pressure standards, information resources for patient disease/health problems, special health concerns, and much more.

If you do not have an MSRTS resource guide, call the State MSRTS Coordinator.

National MSRTS Health User's Manual

Migrant nurses should possess a copy of the National MSRTS Health User's Manual. The national manual can be placed behind this one in the same binder. It gives a thorough overview of the MSRTS Health Record (output document). You should refer to this section when you have questions about the Migrant Student Health Record.

The health data entry form (input document) section of the National MSRTS Health User's Manual gives detailed information about certain coding procedures. However, this Louisiana Migrant Health Manual should answer most of your coding questions.

The national manual also contains an appendix giving education/health linkage codes, ICD codes, CPT codes and dental codes.

If you do not have a National MSRTS Health User's Manual, call the State MSRTS Coordinator.

INFORMATION AND REGULATIONS

MIGRANT EDUCATION PROGRAM
FLOW OF INFORMATION

1. An authorization form is secured by the Migrant Recruiter and given to the MSRTS Specialist.
2. The MSRTS Specialist completes an enrollment form for each child listed on the authorization form.
3. The enrollment forms are sent to the terminal center in Baton Rouge.
4. Educational and health records are generated in Little Rock for each migrant child. Three copies of the educational record and one copy of the health record will be sent within 10 days.
5. Health records are updated by following directions in this manual.
6. Updated records should be received from Little Rock within two weeks. If they are not, call the terminal center in Baton Rouge at (504) 342-4151.

MIGRANT HEALTH PROGRAM SERVICE RESTRICTIONS

The Louisiana Migrant Education health program provides support services to our migrant families. Support service is a term that applies to activities that extend and enrich instruction or are necessary for effective instruction. Support services include, but are not limited to, health, psychological, nutritional, and social services. The State Department may use program funds for all of these purposes when the following requirements have been met:

1. The services are to be rendered to migratory children selected for services in order of priority status and need:

   * currently migratory school aged--most in need,
     currently migratory school aged--less in need,

   * formerly migratory school aged--most in need,
     formerly migratory school aged--less in need,

     currently migratory preschool, and
     formerly migratory preschool.

   NOTE: Funding is generated on children between the ages of five and seventeen. However, eighteen through twenty-one year olds may be served provided they are still attending school.

2. The services are necessary to enable eligible migratory children to participate effectively in instructional services.

3. In the case of an operating agency, that agency has requested assistance from the State in locating and using other federal and state programs to provide these services and determined that funds or services from other programs are not available or are inadequate to meet the needs of the participating migratory children.

*See page 3 of the resource guide appendix for definitions.

MIGRANT HEALTH PROGRAM GOALS

The objective of this program is to provide needed health services to migrant children so they can effectively participate in a Migrant Education instructional program. Specific goals include:

1. Coordinate migrant health programs with other agencies to eliminate duplication of services.
2. Conduct necessary health screenings and report results to MSRTS.
3. Identify and record personal and family health problems.
4. Obtain and record immunization information.
5. Promote and assist in health education.
6. Reinforce the concept that each child is responsible for his or her own health.
7. Provide follow-up on referrals.
8. Assure receipt of health services by providing or arranging transportation.
9. Counsel families in health care including making referrals.

HEALTH SERVICES PROVIDED THROUGH MIGRANT EDUCATION

It is the responsibility of the Migrant nurse to provide the following services in order to reach the established goals listed on the previous page.

1. Work closely with the following agencies in a patient advocate role to assure that migrant children receive services for which they are eligible:

Local health units and clinics

Women, Infants, and Children Programs (WIC)

Maternal and Child Health Programs

Crippled Children's Programs

Community Mental Health Centers

Alcohol Abuse and Alcoholism Programs

Family Planning Programs

Cancer Screening Programs of the National Cancer Institute

Drug Abuse Programs

Early Periodic Screening, Diagnosis and Treatment Programs

Emergency Medical Services Programs

Area Health Education Centers

Home Health Programs

Family Medicine Residency Programs

Hemophilia Comprehensive Diagnostic and Treatment Centers

Sickle Cell Screening and Education Clinics

Other health delivery or health care oriented programs of federal agencies other than the Public Health Service

State and local Health Departments

Local schools

Voluntary health agencies (heart, cancer, lung, etc.)

Farmers Home Administration and Food and Nutrition Services of the Department of Agriculture

State Cooperative Extension Services

Local labor union groups

Local industry

**See pages 19-23 of the MSRTS resource guide appendix for a listing of organizations providing help for numerous specific health problems.

2. Provide, collect and record screenings, examinations, and laboratory tests for the migrant students. The information should include as many as possible of those items listed on the screens and labs section of the health data entry form. Screenings should be reported every time a child is screened. Report as soon as possible after the screening (which should be no longer than two weeks).

3. Contact families to obtain patient and family history information for all migrant students. The patient and family history should include the previous and existing health problems listed on the health data entry form (page 38). Questionnaires such as those shown on pages 43 and 44 should be filled out by the parents or guardians for each student enrolled in the Migrant Program. If this is not provided for you by your recruiter, you should either send them home with the children, mail them home, or devise a method that works for you. (A sample cover letter is shown on page 42.) This data should be gathered as soon as possible after enrollment. Patient and family histories need to be reported

only once (unless new conditions arise after reporting). Therefore, when you receive the completed questionnaires, check the information against the student's MSRTS Health Record to determine whether or not the information has been reported. Report information that has not previously been reported.

4. Obtain and report immunization data for students enrolled in the Migrant Program. The immunizations should be those listed on the health data entry form. This information needs to be reported only once (unless new immunizations are administered after reporting). Check the student's MSRTS Health Record to determine whether the information has been reported. Report if it has not previously been reported. This should be done as soon as possible after the child has enrolled in the program.
5. Develop a curriculum in preventive health and dental care, nutrition, etc.
6. Develop a first aid program to make students aware of emergency treatment and existing dangers in everyday situations.
7. Provide follow-up services which include:
   a. Making home visits, or phone calls, to migrant parents to substantiate if a health service has been rendered,
   b. Consulting with teacher or school nurse to substantiate if health service rendered was helpful or if another service is needed, and
   c. Acting as a liaison between parents, school and community to make them aware of student health problems and

possible alternative treatment.

8. Provide transportation services where permitted which include:
   a. Arranging transportation for patients to and from clinic site for services,
   b. Picking up and delivering prescriptions from pharmacies when needed, and
   c. Arranging transportation of patients to specialists within the state and local agencies, when referred by clinic physicians and dentists.
9. Provide counseling services which include:
   a. Counseling with migrant children and families on an individual basis and in group situations to enhance health care and make them aware of existing health problems,
   b. Making referrals and follow-up counseling as needed by migrant children and their families, and
   c. Counseling with teachers and other school nurses to identify health problems.

MIGRANT HEALTH PROGRAM GUIDELINES

Migrant health personnel:

* Should strive to coordinate their efforts with the school staff.
* Should be knowledgeable of parish school laws and regulations.
* Should establish a good working relationship with other school nurses.
* Should establish a good rapport with the local health unit and other health agencies.
* Should maintain documentation of time prorated with other programs. (See form on page 39.)
* Should document all services administered to migrant children.
* Should research available parish and state programs to utilize all available resources.
* Should be responsible for maintaining and updating MSRTS health records.
* Should assess the immediate health needs of migrant children and their families during the initial home visit.
* Should counsel with teachers, parents and others to assess the health needs of migrant children.
* Should be responsible for inservice training for migrant health needs.
* Should serve as a liaison between parent, school and health community.
* Should establish innovative preventive health education programs.

* Should make full use of existing equipment and facilities, such as Chapter 1, etc., before requesting funds for duplication.
* Should use all available resources for health services before using Migrant funds.
* Should maintain this manual, the National MSRTS User's Manual and the MSRTS resource guide, People to People - Utilization Opens Doors.

RECORD KEEPING GUIDELINES

An effective filing system is imperative. Your particular choice of a filing system may depend upon variables such as number of students, amount of space available, or coordination with the educational program. However, certain guidelines apply to all Migrant nurses. You must:

1. Keep ALL Migrant records in locked files to ensure the confidentiality of the student records.
2. Maintain a student folder file (active files). Each child enrolled in your parish's Migrant Program must have an individual student folder labeled with his name and filed alphabetically. You may file by school as long as the files are alphabetic by school. Each student's folder must contain the student's latest Migrant Student Health Record. You may keep other material such as old questionnaires in the folders, but put them BEHIND the latest MSRTS Health Record.
3. File inactive records separately. Students become inactive, or no longer eligible for the Migrant Program in your area, for various reasons: they moved out of your parish, their six years of eligibility ended, their parents decided they no longer want their children in the program, or they were misidentified as migrants. You must work closely with your MSRTS Specialist to find out which children become inactive, because they can no longer be served by the Migrant Program. Therefore, remove their student folders from your active files. You may do one of two things:

A. Give their folders to your MSRTS Specialist to file with his/her inactive files, or

B. Maintain your own alphabetic files of these children.

4. Maintain a pending file. Each time you submit an update to a child's record, write the date submitted at the top right-hand corner of the health data entry form or updated student record, make a Xerox or carbon copy of the update, and place the copy in a pending file. You may either place just the copy in pending or place the student folder there. Check the pending file at least once a week. If you do not receive the Migrant Student Health Record for that child within two weeks after submitting, call the terminal center. When you do receive the MSRTS Health Record, check it carefully for errors before filing. If errors are found, you must correct them, even if they are data entry errors. See page 21 for instructions on how to make corrections.

5. Maintain a guide to your record-keeping system. You should have a written guide to the record-keeping system you use. The guide should explain any color coding, symbols, etc., you use in your filing system. It should enable another person to come to your office and follow normal filing procedures. This guide should be placed in the front pocket of this manual.

6. If your salary is prorated with another program(s), maintain a weekly Prorated Migrant Employee Log as shown on page 39.

Satellite Parishes

Several Migrant Programs keep records for parishes other than their own.

Reporting

Although it is not a State requirement to submit health data on children in satellite parishes, if your recruiter secures patient or family history data for them, please report it. In doing so, use your parish ID as the reporter ID. EXAMPLE: If you are the Migrant nurse in Terrebonne Parish (LACRJY), but you are submitting information on a student enrolled in St. James Parish (LADBTR), you will use LACRJY as the Reporter ID. This is because you are the reporter, and you are employed by Terrebonne Parish.

Filing

In most cases, the MSRTS Specialist files the medical records with the educational record for satellite parishes. If you prefer to file them, you may. However, since you do not serve these students, you are not required to keep their records.

Parishes with More Than One Migrant Nurse

For parishes employing more than one Migrant nurse, several situations are possible. All health records must be filed and easily retrieved. Three possible procedures are described below:

1. The medical records are filed in a central location which all Migrant nurses can access easily. These files are separate from the educational records.

OR

2. Each nurse maintains medical records for the students she serves. However, a card file of all students is maintained in a central location. The cards should indicate the location of each record.

OR

3. The MSRTS Specialist keeps a copy of the medical record in the student folder behind the educational record and sends a copy of the medical record to the appropriate nurse.

Migrant Programs Not Employing a Migrant Nurse

In parishes that do not employ a Migrant nurse, the MSRTS Specialist should file the medical record behind the educational record in the students' folders. (See page 11 of the Louisiana MSRTS Manual for Education.)

These MSRTS Specialists should attempt to report patient and family history information if possible. Refer to page 87 of the Louisiana MSRTS Manual for Education for further instructions.

MSRTS HEALTH RECORD (OUTPUT DOCUMENT)

One copy of the MSRTS Health Record (printed output document) is sent to the migrant nurse once the data is entered at the terminal center. Turnaround time should be no more than two weeks. After you receive the medical record, check it for accuracy against the duplicate health data entry form which you kept in your pending file. Once accuracy of the information has been verified, place the new medical record in the student's folder. The pending health data entry form may be placed behind the medical record in the folder, or it may be destroyed.

If corrections or deletions are necessary, refer to the appropriate section of this manual for instructions.

Pages 2-23 of the National Health User's Manual provide an indepth description of the medical record output document.

WHEN STUDENTS MOVE

If you receive additional health information after a student moves out of your parish, this data must be entered on the health data entry form and sent to the terminal center. This information will be printed on the student's MSRTS Health Record even though he has moved to another state or parish. We are part of a national information network which allows all information received on a particular child to be accumulated and forwarded to the state to which the child has moved. You only have to send the information to the terminal center in Baton Rouge rather than to contact the receiving state or parish.

If you detect an error on health data you provided, you must correct this information even though the child is no longer in your parish. The only one who can correct a medical record entry is the reporter of that information.

MAKE SURE ALL OF YOUR ENTRIES ARE CORRECT.

If you feel that entries made by another reporter are incorrect, call the State MSRTS Coordinator.

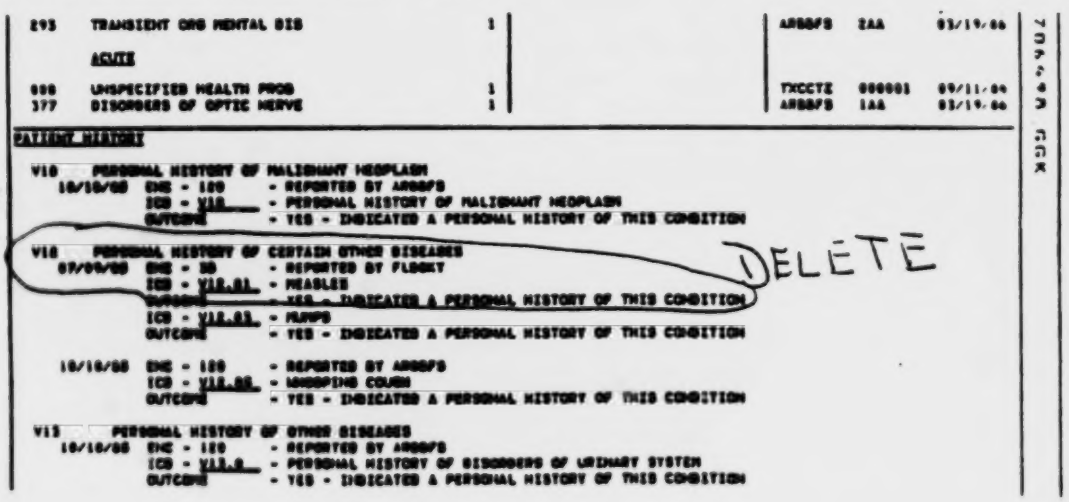
CORRECTIONS AND DELETIONS

Errors found in the coding of the medical record must be corrected immediately. Even if the errors were data entry errors, it is your responsibility to assure accurate information on your students' health records. These corrections may only be made by the parish that reported this health data. You may not correct or delete health information submitted by any other parish or state.

The MSRTS computer is programmed in such a way that health information, once on the computer, can not be corrected. It can only be deleted. Therefore, in order to make corrections, the data must first be deleted from the computer, then resubmitted on a health data entry form. Follow these steps:

1. Using red ink, encircle the entry that you want deleted and write the word "DELETE" on the side.
2. Complete a Health Data Entry Form with the correct information or send a copy of the previous one sent if it contains the correct information.
3. Staple all pages of the Migrant Student Health Record to the Health Data Entry Form.
4. Send these to the terminal center.

Example of Step #1


293 TRANSIENT ORG MENTAL DIS 1
ACUTE
ARSB/FS 2AA 03/19/86
000 UNSPECIFIED HEALTH PROB 1
377 DISORDERS OF OPTIC NERVE 1
TXCCTX 000001 09/11/86
ARSB/FS 1AA 03/19/86
PATIENT HISTORY
V10 PERSONAL HISTORY OF MALIGNANT NEOPLASM
10/10/80 ENC - 1E0 - REPORTED BY ARSB/FS
ICD - V10 - PERSONAL HISTORY OF MALIGNANT NEOPLASM
OUTCOME - YES - INDICATES A PERSONAL HISTORY OF THIS CONDITION
V18 PERSONAL HISTORY OF CERTAIN OTHER DISEASES
09/09/80 ENC - 3D - REPORTED BY FLOSKY
ICD - V18.81 - MEASLES
OUTCOME - YES - INDICATES A PERSONAL HISTORY OF THIS CONDITION
ICD - V18.83 - MUMPS
OUTCOME - YES - INDICATES A PERSONAL HISTORY OF THIS CONDITION
10/10/80 ENC - 1E0 - REPORTED BY ARSB/FS
ICD - V18.86 - WHOOPING COUGH
OUTCOME - YES - INDICATES A PERSONAL HISTORY OF THIS CONDITION
V13 PERSONAL HISTORY OF OTHER DISEASES
10/10/80 ENC - 1E0 - REPORTED BY ARSB/FS
ICD - V13.0 - PERSONAL HISTORY OF DISORDERS OF URINARY SYSTEM
OUTCOME - YES - INDICATES A PERSONAL HISTORY OF THIS CONDITION
DELETE

MEDICAL SYMBOLS

Although medical symbols are used readily in the medical profession, the computers housed in the terminal center in Baton Rouge are not equipped to accept this information. Even though the computer operators in the terminal center deal with medical terms, they are NOT familiar with the meaning of medical symbols. To avoid misinterpretation of health data you send to the terminal center, do NOT use medical symbols to describe medical data, conditions, etc.

EVALUATION INFORMATION

At least once a year, the Migrant Program in your parish is evaluated. Your program director or MSRTS Specialist may call on you to provide information to complete the support services section of the evaluation. The evaluation instrument is rather bulky. Since only a small part of it pertains to support services, and it is subject to change, a copy of it is not included in this manual. However, you should obtain a copy of the latest one from your program director or MSRTS Specialist and become familiar with the support services section so that you may be of assistance if necessary.

HELP!!!

It is unlikely that this manual has addressed all possible situations or questions, although an attempt has been made to cover the more common of these. Therefore, when other questions arise, please call the State MSRTS Coordinator at 504/342-3521, 4151, or 3517.

Guessing causes many unnecessary problems and delays, so please call when you have a problem or question.

LOUISIANA WIC PROGRAM

The following section is an excerpt from the WIC Program handbook giving procedures for how to serve migrants. Although the handbook is for WIC employees, you should be familiar with it, as it gives instructions for referrals.

MIGRANTS

Nationally, the Women, Infants and Children (WIC) Program has set up a special procedure to serve migrants throughout the United States as they move from state to state and county (parish) to county.

This handbook details all aspects of certification, delivery of services and transfer of information for migrants. The primary difference between service to other WIC patients and migrants is that migrants will receive a numbered, sequential "Verification of Certification" (VOC) card, and those migrants with a current VOC card will be given priority for health services and issuance of vouchers.

What is a migrant?

A migrant is defined in three ways with six status levels. These definitions are:

True Interstate - A pregnant or post-partum woman, infant or child who has moved with a parent/guardian within the past year across state boundaries in order that she/he or a parent/guardian or member of her/his immediate family might secure temporary or seasonal employment in agriculture/ fishing or in related food processing activities.

Status 1 - Interstate agriculture
Status 4 - Interstate fishing

True Intrastate - A pregnant or post-partum woman, infant or child who has moved with a parent/guardian within the past year across school district boundaries within a state in order that she/he or a parent/guardian or member of her/his immediate family might secure temporary employment in agriculture/fishing or in related food processing activities.

Status 2 - Intrastate agriculture
Status 5 - Intrastate fishing

A third type of migrant, defined as Formerly Migratory, will not be considered as a migrant in the Louisiana WIC Program.

Formerly migratory (five year migrants) - A pregnant or post-partum woman, infant or child who has been an interstate or an intrastate migrant as defined above; but who, along with his/her family, has ceased to migrate within the last five years and now resides in an area in which a program for migratory children is to be provided.

Status 3 - Formerly agriculture
Status 6 - Formerly fishing

How do you determine who is a migrant?

A person may be determined to be a migrant in any state that provides WIC services. In Louisiana, a person will be determined to be a migrant by the Department of Education. The migrant will be issued a referral form entitled "Louisiana Migrant Education Referral Form." (See attached referral form originated by the State School Board, Appendix A.) Staff in health units will not be requested to determine migrant status, but will accept this referral form. If when interviewing a patient attending clinic or applying for WIC services it becomes apparent that she qualifies as a migrant according to the preceding definitions, document the information in the medical record and handle as if you had received a referral form. A copy of the referral form can be found in Attachment 1. What you will be issuing to some migrants is a Verification of Certification card.

What do you do when migrants request WIC services with this referral form?

First, LOOK at the form. Applicants with status 1, 2, 4 or 5 will be considered migrants in the WIC Program. They must be given an appointment for certification and issued vouchers if eligible, within ten (10) days. Status 3 or 6 (Formerly Migratory) will not be considered migrant in Louisiana. They are, however, still eligible for WIC services and should be processed the same as anyone else who requests WIC services.

O.K., I have this form, and the migrant is status 1, 2, 4, or 5. Now what?

First, ask the migrant if she will be leaving the parish within the next six months. If she will be then you need to issue her a Verification of Certification card. (See next question.) If she is sure she will not be leaving the parish within the next six months, then enroll her in WIC the same as any other participant but copy the Migrant Education Referral Form and put it in her record. There is no need to issue a VOC card to a status 1, 2, 4 or 5 migrant unless she will be leaving the parish. Later, if she decides to leave within a six-month period, then you can issue her a Verification of Certification card. Be sure to remind her to come to the health unit for a VOC card if she will be leaving.

What are Verification of Certification cards?

Verification of Certification cards are identification cards to be used nation-wide to assure that migrants continue to receive WIC benefits no matter where they may travel while looking for work. You may see, and must accept, VOC cards from ANYWHERE IN THE UNITED STATES. Migrants who request services and have a current card must be served within ten (10) days NO MATTER WHAT. If the certification period is current, you do not have to re-certify. Provide needed health services and issue vouchers. Louisiana vouchers cannot be redeemed outside Louisiana. So issue vouchers for the time they expect to be in Louisiana, but for not more than three months. Be certain they understand how to use Louisiana vouchers since WIC Programs differ from state to state.

Verification of Certification (VOC) cards are sequentially numbered cards to be given to certified migrants if and when they will be leaving the service area (parish).

How do I handle these cards?

The same security used for vouchers must be used for VOC cards. The cards are to be kept locked and must be used sequentially. Each health unit will be issued five VOC cards. Each health unit is to keep a permanent inventory of VOC cards. This inventory must be kept on the attached form, WIC-7 (see Appendix B), similar to the WIC-2 voucher listing. The five VOC cards and three copies of WIC-7 will be sent to each health unit from Nutritionist Services. Immediately, sign the top copy of the "Verification of Certification Card Listing," form WIC-7, and return it to Nutritionist Services. Keep the other two copies of WIC-7 for issuance recording and inventory control.

How do I complete the WIC-1 for a migrant?

The VOC card number must be listed at the bottom of the WIC-1 under "comments." The "date first entered on WIC" should be the first date the participant began receiving WIC services in Louisiana. The mailing address on the WIC-1 should be the local address. If the participant has a permanent address, or if the address on the VOC card is different, list this at the bottom under "comment." Everything else on the WIC-1 should be filled out the same as for a regular patient.

How do I complete the WIC-1a for a migrant?

On the WIC-1a, consider the family income over the last twelve months and divide by 12. Try to get as accurate a determination as possible. Very few, if any, migrant families are expected to have an income over the guidelines. If a migrant has a current VOC card, then the income criteria in the agency where originally certified is met. Therefore, do not fill out a WIC-1a on a migrant until six-months certification is due to be renewed.

What do I do with the Referral Form?

A copy of the Referral Form from the State Department of Education must be in the migrant's chart.

How do I fill out the VOC card?

The VOC card must be signed by a professional health authority (doctor, nurse or nutritionist).

FRONT

1) Certification No. - This is the sequential number for all cards nation-wide.
Put the proper name next to number on the "VOC Card Listing" form WIC-7.

2) Name - put full legal name of participant (patient).

PRINT

3) Date of birth - self-explanatory.

4) Participant's signature - have her sign it while you watch. This must be the same person who signs the vouchers; not necessarily the same name as the "patient."

5) Local Agency - put the Health Unit's name and address. If it is a branch office, put that address.

6) State - Louisiana.

7) Telephone number - put your local number and area code.

BACK

1) Certification dates

Beginning: Put the date they were certified WIC eligible in Louisiana.

Ending: Put six months from the beginning date. Exception: for pregnant women, the beginning certification date should indicate the initial date of certification, and the end certification date should indicate the estimated date of the termination of pregnancy, plus six weeks; post-partum ending date is six months after delivery.

2) Second line is for certification dates

If the first line is filled in, put the recertification dates here, as long as the migrant is being recertified in the same health unit. If the participant had been previously certified in another agency

(another address) issue a new card and put your local address. Void the old card and send it to Nutritionist Services in your Monday package.

3) Nutritional risk reason

Put REASON, not risk code number.

4) Local Agency Official's Signature

The same person who certifies the participant and signs the WIC-1 must sign this card.

5) Local Agency Official's Name

Print or type your name just as you sign it and put your title.

<u>A migrant has just requested WIC services with a VOC card from another state. What do I do?</u>

A migrant may request WIC services with a current VOC card. This card may be exactly like the one we use in Louisiana, but not necessarily. If the card is not exactly the same, it will contain the same information. In any case, ACCEPT it. Then ask her if she has any vouchers (food instruments) from any other state. If she has food instruments from any other state, take the instruments, VOID THEM, and mail them to Nutritionist Services. The migrant cannot use another state's food instrument in Louisiana, so this should be no problem.

Second, open a chart on the patient, filling out a WIC-1 and WIC-1a. (Refer to How do I Handle These Cards?) It is not necessary to get the patient's height, weight and hemoglobin. Third, issue only enough vouchers to last as long as the migrant plans to stay in Louisiana, BUT NOT FOR MORE THAN THREE MONTHS. Fourth, arrange for the migrant to receive appropriate medical services if not right then, appoint her to the next appropriate clinic. The patient's height, weight and hemoglobin should be determined when she comes in for the on-going health services.

A MIGRANT WITH A CURRENT VOC CARD IS ALREADY CERTIFIED UNTIL THE LAST DATE ON THE BACK OF THE CARD. Therefore, a certification procedure

by the health unit staff is not necessary until the certification expires. Then the migrant should be recertified the same as a regular participant. A migrant with an expired VOC card must be recertified before vouchers are issued, but this must be done within 10 days after she has requested services:

What do I do with expired VOC cards?

Void the cards and send them to Nutritionist Services, no matter where the card came from.

The migrant says she had a card but lost it. What do I do?

Try to contact the agency where the migrant had been certified. If that is unsuccessful or impossible, the regular certification procedure should be followed, but within 10 working days of the request for services. If the migrant lost her card from your health unit, document this and issue her a new one.

Where can I get more medical information on the patient?

Try to contact the agency listed on the VOC card. If this is unsuccessful, contact Nutritionist Services.

Where does a migrant fit in the priority system?

A migrant with a current VOC card must be issued vouchers immediately after she requests WIC services. She should receive health services as soon as possible. This is true even if there is a current waiting list.

A migrant with an expired VOC card or no card at all should be given services within 10 days, if there is no waiting list. If there is a waiting list, the migrant should be placed in the appropriate priority category and served as soon as possible. In other words, a migrant with a current VOC card is served before any other patient but a migrant without a current VOC card is given an appointment.

How do I fill out the VOC Card Listing (WIC-7)? (Appendix B).

The VOC Card Listing is the inventory list and also your issuance record. When you receive VOC cards, you will receive them in packs of five. Please sign these WIC-7 forms, and return the top copy to Nutritionist Services IMMEDIATELY. Signature must be on all three copies. The second copy is to be sent to Nutritionist Services each June 30th and December 31st. When migrants are issued vouchers, list the date issued and voucher numbers.

How do I order more VOC cards?

The migrant population participating in WIC in Louisiana who will be moving out of parish or out of state is expected to be very small. Therefore, each health unit should only keep five cards on hand for the time being. When it is necessary to order more VOC cards, please contact Nutritionist Services by phone or letter and indicate how many you will need. No special order forms are necessary.

What do I do if the migrant cannot write?

If a migrant cannot write, follow the same procedure for witnessing the VOC card as you do for vouchers. This procedure was stated in a memo of 2/21/78 and is:

"When the person to whom a WIC voucher is being issued cannot sign her name, she must make her mark and provide a witness to sign the voucher. The same witness must sign at the health unit and the grocery store. Unless there are unusual circumstances, the witness should not be a health unit employee. The exception to this is if the voucher receiver cannot find anyone else to witness, she may arrange with a CAW (Nutrition Aide) to witness at the health unit and go to the grocery store with her at a prearranged time. This is to be a temporary solution based on individual need. Under no circumstances can the same health unit employee issue the voucher and witness the recipient's mark."

Obviously, the person who witnesses the VOC card must be another family member or someone who will be traveling with the family when they leave the area.

Important points to remember!

1) A migrant must be seen within 10 working days after WIC services have been requested.

2) Do not give a migrant a VOC card unless she is leaving the parish and/or state.

3) Issue only the number of vouchers the migrant can use in Louisiana, but not more than three months' worth.

4) Vouchers must be issued at the time a current VOC card is presented at the health unit.

5) If a VOC card is issued at your health unit, list the vouchers issued on the "VOC Card Listing" next to the appropriate VOC card number.

6) Every WIC participant receives his/her own card, even if two or more are in the same family.

7) Be sure to explain the use of the vouchers to the migrant. Vouchers in other states are different from Louisiana vouchers and the participants may not know how to use Louisiana vouchers.

WIC

LOUISIANA MIGRANT EDUCATION

REFERRAL FORM

According to the Office of Education, Department of Health, Education and Welfare under Title I of the Elementary and Secondary Education Act of 1965, and the definition set forth, the following are migrants in the State of Louisiana.

Parent or Guardian: Father _____
Last Name First Name

Mother _____
Last Name First Name

Child's Last Name, First Name	Birthdate	Status
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Date _____

_____
Signature of Project Official

VERIFICATION OF CERTIFICATION CARD LISTING
(Louisiana Migrant Services)

_____ Parish Health Unit _____ Branch Office

(Fill out in duplicate. Send original to Nutritionist Services July 1st and January 1st.)

Date VOC Card Issued	Race	VOC Card Number	VOC Card Valid Period	Code (WBIC)	New or Reissued	Name	First Issued Voucher No. & Issue Date	Second Issued Voucher No. & Issue Date
		1)						
		2)						
		3)						
		4)						
		5)						

Fill in voucher numbers on this form when you issue vouchers to a migrant participant who has a current VOC card. Please be sure to match the correct name with the VOC card number. This form is the issuance list and also inventory control. Keep on permanent file. Sign and return the copy when you receive your shipment.

VOC CARDS Received:
Date: _____
Signed: _____

FORMS USED IN THE
MIGRANT HEALTH PROGRAM

HEALTH DATA ENTRY FORM

REPORTER ID: _____

FUNDING FLAG: _____

DATE OF ENC: _____

ENCOUNTER #: _____

STUDENT NO.: _____ DATE OF BIRTH: _____

NAME: (LAST) _____ (FIRST) _____

PATIENT HISTORY		YES/NO
V10	MALIGNANT NEOPLASM	
V12.01	MEASLES	
V12.02	RUBELLA	
V12.03	MUMPS	
V12.04	CHICKEN POX	
V12.05	WHOOPING COUGH	
V12.06	TB	
V12.21	DIABETES	
V12.3	DS BL & ORGANS	
V12.4	DS NS & ORGANS	
V12.41	EPILEPSY	
V12.5	DS CIR SYSTEM	
V12.51	RHEUMATIC FEVER	
V12.6	DS RESP SYSTEM	
V12.7	DS DIGESTIVE SYSTEM	
V13.0	DS URINARY	
V14	ALLERGY MED AGENT	
V15.0	ALLERGY OTHER AGENT	

FAMILY HISTORY		
V16	MALIGNANT NEOPLASM	
V17.1	STROKE	
V17.2	DS OF NERVOUS SYS	
V17.21	EPILEPSY	
V17.3	ISCHEMIC HEART DS	
V17.4	OTHER CARDIOVAS DS	
V17.41	HYPERTENSION	
V17.6	DS OF RESP SYSTEM	
V17.7	ARTHRITIS	
V18.0	DIABETES MELLITUS	
V18.6	KIDNEY DS	
V19.6	ALLERGIC DISORDER	

IMMUNIZATION		ADMIN. DATE	BATCH #	HISTORY OF PREVIOUS DATE	DATE	ADMIN. DATE
V03.1	TYPHOID-PARATYP					
V03.8	TUBERCULOSIS (BCG)					
V03.6	PERTUSSIS ALONE					
V03.7	TETANUS TOX. ALONE					
V04.81	POLIO ORAL					
V04.82	POLIO IMMUNIZATION					
V04.1	SMALLPOX					
V04.2	MEASLES ALONE					
V04.3	RUBELLA ALONE					
V04.4	MUMPS ALONE					
V04.8	INFLUENZA					
V06.1	DTP					
V06.12	Td					
V06.4	MMR					

SCREENS / LABS			A/N/U	OUTCOME
V20.2		HLTH EXAM (PRESCHOOL)		
V70.5		HLTH EXAM (SCHOOL AGE)		
V72.0	99760	GEN.VISION EXAM		
V72.1	99760	GEN.HEARING EXAM		
V72.2	00120	DENTAL EXAM (ORAL)		
V72.2	01120	DENTAL EXAM (PROPHYL.)		
V72.2	01230	DENTAL EXAM (FLUORIDE)		
V72.60	99760	HEIGHT		_____(CM) _____(IN)
V72.61	99760	WEIGHT		_____(KG) _____(LBS)
V71.2	71060	TB XRAY		
V74.1	86580	TB SKIN (INTRADERMAL)		(MMEALSIZE - MM)_____
V74.1	86585	TB SKIN (TINE)		
V70.0	85014	HEMATOCRIT		
V70.0	85018	HEMOGLOBIN		
V70.2	83020	SICKLE TEST		
V81.1	99760	BLOOD PRESSURE		_____/_____
V81.51	81002	URINALYSIS (DIPSTICK)		
V82.81	99760	SCOLIOSIS		

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EM CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #

PRORATED MIGRANT EMPLOYEE LOG

(WEEKLY)

MIGRANT EMPLOYEE: _____

MIGRANT POSITION: _____

MIGRANT PERCENTAGE: _____% TOTAL WORK HOURS/WEEK: _____

SOURCE(S) OF REMAINING FUNDING AND PERCENTAGE(S)

_____ - _____% _____ - _____%
Program Program

MIGRANT SUPERVISOR: _____

DATE	HOURS	TASK(S)
TOTAL		

MIGRANT SUPERVISOR CHECK: _____
Date/Initial

LOUISIANA MIGRANT EDUCATION PROGRAM

STUDENT'S NAME _____ DATE OF BIRTH _____

SEX _____ RACE _____ PHONE _____

PARENT/GUARDIAN _____

HOME ADDRESS _____ ZIP CODE _____

STUDENT'S SCHOOL _____ TEACHER _____

UNDER THE SCHOOL HEALTH SCREENING PROGRAM, YOUR CHILD IS ELIGIBLE FOR THESE SERVICES:

VISION SCREENING, HEARING SCREENING, MEASURING AND WEIGHT, BLOOD TESTS TO DETERMINE ANEMIA, URINALYSIS, DENTAL SCREENING, AND A HEALTH ASSESSMENT BY THE NURSE. THE NURSE WILL ASSIST THE MOTHER IN REFERRING THE STUDENT FOR DIAGNOSIS AND TREATMENT SHOULD A DEFECT BE FOUND.

I WILL MEET WITH THE SCHOOL NURSE IF NECESSARY TO DISCUSS MY CHILD'S HEALTH PROBLEMS. YES_____ NO_____

I GIVE MY PERMISSION FOR MY CHILD TO TAKE PART IN THESE SERVICES.

DATE_____ X_____
SIGNATURE OF PARENT OR GUARDIAN

LOUISIANA MIGRANT PROGRAM

REFERRAL SHEET OR REQUEST FOR SPECIAL SERVICES

SCHOOL:_____ DATE:_____

STUDENT:_____ GRADE:_____

PARENT/GUARDIAN:_____ TELEPHONE:_____

ADDRESS:_____ BIRTHDATE:_____

TYPES OF SERVICES REQUESTED:

DENTAL ▱ VISION ▱ HEARING ▱ MEDICAL ▱ SUPPORTIVE ▱

OBSERVED REASONS FOR MAKING REQUEST/REFERRALS:_____

_____

_____

_____

_____

_____

_____
Person Making Referral/Request

_____

COMMENTS:_____

_____

_____

_____

_____

_____

TERREBONNE PARISH SCHOOL BOARD

October 14, 1985

Dear Parent:

Your child is presently enrolled in our Migrant Education Program. A part of this program is making sure that the school system has a good health record on each child. This record is very important if your child moves to another school system. Naturally, it is just as important that this information be recorded in the school system that he or she is with at this time.

All information will be kept confidential. Just answer yes or no to each of the questions. Return this form to your child's school as soon as possible. Use a sealed envelope if you wish.

If you need help with the form or have questions, please feel free to call Dell Donham at 851-1550.

Thank you

Dell Donham
Migrant Nurse
Terrebonne Parish School Board

DD:lt

MIGRANT EDUCATION PROGRAM

STUDENT HISTORY
(PATIENT HISTORY)

CHILD'S NAME _____

HAS THE CHILD NAMED ABOVE HAD ANY OF THE FOLLOWING HEALTH PROBLEMS?

PLEASE ANSWER YES OR NO

V10 Any form of Cancer _____

V12.01 Measles _____

V12.02 Rubella _____

V12.03 Mumps _____

V12.04 Chicken Pox _____

V12.05 Whooping Cough _____

V12.06 TB (Tuberculosis) _____

V12.21 Diabetes (Sugar Diabetes) _____

V12.3 Disease of Blood & Organs _____

V12.4 Disease of Nerves and Organs _____

V12.41 Epilepsy (Fits) _____

V12.5 Disease of the Circulatory System (Blood Vessels) _____

V12.51 Rheumatic Fever _____

V12.6 Disease of the Respiratory System (Lungs, Nose, Airway) _____

V12.7 Disease of the Digestive System (Mouth, Stomach, or Intestines) _____

V13.0 Disease of the Urinary System (Kidney or Bladder) _____

V14 Allergies to Medication (Please List) _____

_____

V15.0 Other Allergies (Please list) _____
(Food, Animals, Bee Stings, Pollen, or Other)

_____

MIGRANT EDUCATION PROGRAM

FAMILY HISTORY

FAMILY NAME _____

HAS YOUR CHILD'S MOTHER, FATHER, BROTHER, SISTER OR GRANDPARENTS HAD ANY OF THE FOLLOWING HEALTH PROBLEMS?

PLEASE ANSWER YES OR NO

V16 Any form of Cancer _____

V17.1 Stroke _____

V17.2 Disease of the Nervous System _____

v17.21 Epilepsy (Fits) _____

V17.3 Ischemic Heart Disease (Heart Attack) _____

V17.4 Other Cardiovas Disease (Blood Vessels) _____

V17.41 Hypertension (High Blood Pressure) _____

V17.6 Disease of the Respiratory System (Nose, Airway, Lungs) _____

V17.7 Arthritis (Rheumatism) _____

V18.0 Diabetes Mellitus (Sugar Diabetes) _____

V18.6 Kidney Disease _____

V19.6 Allergic Disorders (Please list) _____

_____

_____

_____

WIC

LOUISIANA MIGRANT EDUCATION

REFERRAL FORM

According to the Office of Education, Department of Health, Education and Welfare under Title I of the Elementary and Secondary Education Act of 1965, and the definition set forth, the following are migrants in the State of Louisiana.

Parent or Guardian: Father _____
Last Name First Name

Mother _____
Last Name First Name

Child's Last Name, First Name	Birthdate	Status
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Date _____

_____
Signature of Project Official

LOUISIANA MIGRANT HEALTH WORK SHEET

KEY

A - L: January (A) February (B), etc.
1 - First shot in a series
2 - Second shot in a series
3 - Third shot in a series
4 - 7: Reserved for expanding of a series
NA - No Abnormality
DS - Disease
NR - No Results
R - Referral
AB - Abnormality
SC - Screening

Provided Services - [X] Needed Services - [✓]

SCHOOL: _____ LOCATION: _____ PARISH: _____

NAME	STUDENT NUMBER	DATE:	IMMUNIZATIONS										PATIENT HISTORY								PERTINENT DATA							
			DPT	TD	POLIO	MMR	MEASLES	MUMPS	RUBELLA	SMALL POX	OTHER		WEIGHT	HEIGHT	URINE	HEMO	SCOLIOSIS	VISION	HEARING	BLOOD PRESSURE	OBSERVATION	URGENT NON-URGENT	YES CONTACT PERSON LISTED	NO	CONFERENCE	RECOMMENDATION	HOME VISIT	PHONE CALL

Contact Data Worksheet

REFERENCED BACK TO HEALTH RECORD WORKSHEET. YOU MAY USE AS MANY AS 900 ALPHA CHARACTERS IN CONTACT DATA.

name	student number	data

CODING THE HEALTH DATA ENTRY FORM

HEALTH DATA ENTRY FORM

The following page shows the health data entry form (HDEF) you should be using. Listed below are general guidelines for filling out the form.

1. Complete the HDEF using red ink. Write legibly to help avoid data entry errors.
2. Write the date mailed to the terminal center in the top right-hand corner of the HDEF. (NOTE: Mail the form the same day you complete it. Do NOT hold them until you have a large group.)
3. Retain a dated Xerox or carbon copy of the HDEF for your pending file until the updated medical record is received.
4. Check the updated medical record when you receive it to assure the data you submitted was correctly transcribed.
5. If you do not receive a health record within two weeks after the date you submitted the HDEF, contact the State Migrant Office. DO NOT RESUBMIT THE SAME DATA!!!!

REPORTER ID: _____

FUSING FLAG: _____

DATE OF ENC: _____

ENCOUNTER #: _____

HEALTH DATA ENTRY FORM

STUDENT NO.: _____ DATE OF BIRTH: _____

NAME: (LAST) _____ (FIRST) _____

PATIENT HISTORY

		YES/NO
V10	MALIGNANT NEOPLASM	
V12.01	MEASLES	
V12.02	RUBELLA	
V12.03	MUMPS	
V12.04	CHICKEN POX	
V12.05	WHOOPING COUGH	
V12.06	TB	
V12.21	DIABETES	
V12.3	DS SL & ORGANS	
V12.4	DS NS & ORGANS	
V12.41	EPILEPSY	
V12.5	DS CIR SYSTEM	
V12.51	RHEUMATIC FEVER	
V12.6	DS RESP SYSTEM	
V12.7	DS DIGESTIVE SYSTEM	
V13.0	DS URINARY	
V14	ALLERGY MED AGENT	
V15.0	ALLERGY OTHER AGENT	

IMMUNIZATION

		ADMIN. DATE	BATCH #	HISTORY OF PREVIOUS ADMIN. DATE	DATE	DATE
V03.1	TYPHOID-PARATYP					
V03.2	TUBERCULOSIS (BCG)					
V03.6	PERTUSSIS ALONE					
V03.7	TETANUS TOX. ALONE					
V04.01	POLIO ORAL					
V04.02	POLIO IMMUNIZATION					
V04.1	SMALLPOX					
V04.2	MEASLES ALONE					
V04.3	RUBELLA ALONE					
V04.4	MUMPS ALONE					
V04.8	INFLUENZA					
V06.1	DTP					
V06.12	Td					
V06.4	MMR					

FAMILY HISTORY

V16	MALIGNANT NEOPLASM	
V17.1	STROKE	
V17.2	DS OF NERVOUS SYS	
V17.21	EPILEPSY	
V17.3	ISCHEMIC HEART DS	
V17.4	OTHER CARDIOVAS DS	
V17.41	HYPERTENSION	
V17.6	DS OF RESP SYSTEM	
V17.7	ARTHRITIS	
V18.0	DIABETES MELLITUS	
V18.6	KIDNEY DS	
V19.6	ALLERGIC DISORDER	

SCREENS / LABS

			A/N/U	OUTCOME
V20.2		HLTH EXAM (PRESCHOOL)		
V70.5		HLTH EXAM (SCHOOL AGE)		
V72.0	99760	GEN.VISION EXAM		
V72.1	99760	GEN.HEARING EXAM		
V72.2	D0120	DENTAL EXAM (ORAL)		
V72.2	D1120	DENTAL EXAM (PROPHYL.)		
V72.2	D1230	DENTAL EXAM (FLUORIDE)		
V72.00	99760	HEIGHT		
V72.01	99760	WEIGHT		_____(CM) _____(IN)
V71.2	71000	TB XRAY		_____(KG) _____(LBS)
V74.1	86580	TB SKIN (INTRADERMAL)		
V74.1	86585	TB SKIN (TINE)		(WHEALSIZE - MM)_____
V78.0	85014	HEMATOCRIT		
V78.0	85018	HEMOGLOBIN		
V78.2	83020	SICKLE TEST		
V81.1	99760	BLOOD PRESSURE		_____/_____
V81.81	81002	URINALYSIS (DIPSTICK)		
V82.01	99760	SCOLIOSIS		

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	ON	CODES		CPT	A/N/U	OUTCOME	RX OR BATCH #

BEST COPY AVAILABLE

IDENTIFYING DATA

REPORTER ID: (1)
FUNDING FLAG: (2)
DATE OF ENC: (3)
ENCOUNTER #: (4)

HEALTH DATA ENTRY FORM

STUDENT NO.: (5) DATE OF BIRTH: (6)
NAME: (LAST) (7) (FIRST)

The spaces numbered above must be completed correctly before any health data can be entered.

1. REPORTER ID: This is the six letter identification code for the parish reporting the information. Satellite parishes should use the ID of the parish for which the reporter is empolyed. See page 16 for an example.

2. FUNDING FLAG: Enter "Y" for yes or "N" for no in the funding flag field.

   Y = Yes, the information being reported was partially or totally funded by Migrant Education.

   N = No, the information being reported was not funded by Migrant Education.

   Simply reporting the data is not considered a funded service. If money was spent to gather the data, it would be funded.

3. DATE OF ENCOUNTER: Use the six-digit date (month, day, year) the child was screened or the health problem occurred. Only when reporting patient history, family history, or immunizations may you use the date the information was obtained.

4. ENCOUNTER NUMBER: Two alpha characters (the nurse's initials) plus two numbers (in most cases this will be 01) which indicate the number of times the student was seen on the date of encounter. Example: Jane Doe, R.N., would code this section as "JD01." If the same ICD Code is used again for the same encounter date (same example) code "JD02."

5. STUDENT NUMBER: This is the eight number and three alpha character code which identifies the student on the data base.

6. DATE OF BIRTH: This could aid you in identifying students with similiar names. This field is optional.

7. STUDENT NAME: This will help to identify a student when errors are made in the student number and in checking your output records for accuracy.

PATIENT HISTORY/FAMILY HISTORY

The PATIENT HISTORY section is for recording a student's previous and existing health problems. The FAMILY HISTORY section is for recording previous and current health problems of the student's immediate family (mother, father, brother, sister, or grandparents). Entries should be made as information is acquired.

PATIENT HISTORY		YES/NO
V10	MALIGNANT NEOPLASM	___
V12.01	MEASLES	___
V12.02	RUBELLA	___
V12.03	MUMPS	___
V12.04	CHICKEN POX	___
V12.05	WHOOPING COUGH	___
V12.06	TB	___
V12.21	DIABETES	___
V12.3	OS BL & ORGANS	___
V12.4	OS MS & ORGANS	___
V12.41	EPILEPSY	___
V12.5	OS CIR SYSTEM	___
V12.51	RHEUMATIC FEVER	___
V12.6	OS RESP SYSTEM	___
V12.7	OS DIGESTIVE SYSTEM	___
V13.0	OS URINARY	___
V14	ALLERGY MED AGENT	___
V15.0	ALLERGY OTHER AGENT	___

FAMILY HISTORY		
V16	MALIGNANT NEOPLASM	___
V17.1	STROKE	___
V17.2	OS OF NERVOUS SYS	___
V17.21	EPILEPSY	___
V17.3	ISCHEMIC HEART OS	___
V17.4	OTHER CARDIOVAS OS	___
V17.41	HYPERTENSION	___
V17.6	OS OF RESP SYSTEM	___
V17.7	ARTHRITIS	___
V18.0	DIABETES MELLITUS	___
V18.6	KIDNEY OS	___
V19.6	ALLERGIC DISORDER	___

Enter "Y" (yes) in YES/NO column when a condition or disease exists or existed.

DO NOT enter responses of "no." However, if your survey indicates ALL "no" responses, indicate this in the health problems section as shown on page 55.

NOTE: To report specific allergy agents such as pollen, bee stings, penicillin, etc., see pages 53-54. Use the same principle if you wish to be more specific about any of the other disorders such as asthma for disease of the respiratory system.

Reporting Allergies

If a child has an allergy, you should report what he is allergic to. In order to do this, you must report in the HEALTH PROBLEMS section of the health data entry form instead of the PATIENT or FAMILY HISTORY sections.

1. Enter an "X" in the PRIMARY column.
2. Enter one of the following ICD codes in the ICD CODE column.

   V14 - Patient (student) is allergic to a particular medicine

   V15.0 - Patient is allergic to another agent (not medicine)

   V19.6 - A member of the patient's immediate family has an allergy
3. Do not write in the TYPE column.
4. Enter "Y" (for Yes) in the STATUS column.
5. If appropriate, enter an EH code in the EH CODES columns. (See the National MSRTS Health User's Manual.)
6. Enter appropriate CPT code or default CPT "90760" in CPT column.
7. Enter "A" (for Abnormal) in the A/N/U column.
8. Enter a brief message or instruction in the OUTCOME column. Only 39 characters are allowed.
9. Do not write in the RX OR BATCH # column except to use the space for continuation of the outcome.

EXAMPLE: A child is allergic to aspirin and pollen, and his mother is allergic to aspirin. Code as follows:

HEALTH PROBLEMS										
PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	V14		Y				90760	A	Allergic to aspirin	
X	V15.0		Y				90760	A	Allergic to pollen	
X	V19.6		Y				90760	A	Mother allergic to aspirin	

NOTE: Only the "V" codes listed as patient and family history codes can be coded this way. Other ICD codes which are diagnostic must be coded following procedures for coding health problems (page 65). In this case, the TYPE

(chronic or acute) and STATUS (resolved or unresolved) must be coded. DIAGNOSTIC CODES MUST ONLY APPLY TO THE STUDENT, NOT HIS FAMILY!

EXAMPLE: A doctor has diagnosed a child as being allergic to bee stings. It is an unresolved chronic condition. Code as follows:

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	989.5	C	U				90760	A	Have Sting Kit available	at school

No Patient History/Family History Problems

If you have found out that a child has had NONE of the conditions or diseases listed in the PATIENT HISTORY section, or none of the family members have had any of those items listed in the FAMILY HISTORY section, report this by following the directions below. DO NOT ENTER "N's" IN ALL BLANK SPACES IN THE PATIENT HISTORY OR FAMILY HISTORY SECTIONS. ENTER THE INFORMATION IN THE HEALTH PROBLEMS SECTION OF THE HEALTH DATA ENTRY FORM.

1. Enter an "X" in the PRIMARY column.
2. Enter "V12" for patient history or "V17" for family history in the ICD CODE column.
3. Do not write in the TYPE column.
4. Enter "N" (for no) in the STATUS column.
5. Do not write in the EH CODES columns.
6. Enter default CPT code "90760" in the CPT column.
7. Enter "N" (for normal) in the A/N/U column.
8. Enter appropriate statement in the OUTCOME column.

   Example: "All patient history diseases are negative" or "All family history diseases are negative"

9. Do not write in the RX OR BATCH # column except to use the space for continuation of the outcome.

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	V12		N				90760	N	All patient history diseases negative	
X	V17		N				90760	N	All family history diseases negative	

NOTE: THIS INFORMATION MUST BE DELETED IF ONE OF THE LISTED DISEASES OCCURS AT A LATER DATE.

IMMUNIZATIONS

This section is for recording the immunizations the student has received to date.

IMMUNIZATION		ADMIN. DATE	BATCH #	HISTORY OF PREVIOUS DATE	PREVIOUS DATE	ADMIN. DATE
V03.1	TYPHOID-PARATYP					
V03.2	TUBERCULOSIS (BCG)					
V03.6	PERTUSSIS ALONE					
V03.7	TETANUS TOX. ALONE					
V04.01	POLIO ORAL					
V04.02	POLIO IMMUNIZATION					
V04.1	SMALLPOX					
V04.2	MEASLES ALONE					
V04.3	RUBELLA ALONE					
V04.4	MUMPS ALONE					
V04.8	INFLUENZA					
V06.1	DTP					
V06.12	Td					
V06.4	MMR					

Only report immunizations that have not previously been reported. Therefore, first check the student's MSRTS Health Record to see if any immunizations have been reported. Report those that have not.

Complete dates which include month, day and year must be used.

The BATCH # portion is optional and does not have to be completed. If, however, you have this information, please sumbit it.

Extra lines are provided at the bottom to indicate additional immunization codes and dates as required.

Specific examples of coding this section are demonstrated on the following pages.

Example 1: Dates Available

The student had a series of DTP shots with dates of 031581, 051781, and 061281. A preschool DTP was administered on 042282; however, the student did not enter school as planned and an additional booster was given on 041583. These immunizations are recorded as shown below:

1. Record the first series of dates, sequentially, in the three columns indicated under HISTORY OF PREVIOUS ADMIN for the DTP code.

2. Record the first booster administered in the ADMIN. DATE column on the same line.

3. Record the most recent booster by entering the appropriate ICD code on the additional line provided at the bottom of the IMMUNIZATION column and indicating the date in the ADMIN. DATE column. It is not necessary to enter the immunization name because it will be printed automatically.

IMMUNIZATION		ADMIN. DATE	BATCH #	HISTORY OF PREVIOUS ADMIN. DATE	DATE	DATE
V03.1	TYPHOID-PARATYP					
V03.2	TUBERCULOSIS (BCG)					
V03.6	PERTUSSIS ALONE					
V03.7	TETANUS TOX. ALONE					
V04.01	POLIO ORAL					
V04.02	POLIO IMMUNIZATION					
V04.1	SMALLPOX					
V04.2	MEASLES ALONE					
V04.3	RUBELLA ALONE					
V04.4	MUMPS ALONE					
V04.8	INFLUENZA					
V06.1	DTP	042282		031581	051781	061281
V06.12	Td					
V06.4	MMR					
V06.1		041583				

Example 2: No Dates Available - Series Complete

If dates are not available but student has an MCH 14 card, follow directions below. DO NOT enter anything in the IMMUNIZATIONS section. Use the HEALTH PROBLEMS section instead.

1. Enter an "X" in the PRIMARY column.
2. Enter the valid immunization ICD code in the ICD CODE column.
3. Do not write in the TYPE column.
*4. Enter "U" (for Unresolved) in the STATUS column.
5. Do not write in the EH CODES columns.
6. Enter default CPT code "90760" in CPT column.
7. Enter "N" (for Normal) in the A/N/U column.
8. Enter "Series Complete" or other appropriate message in the OUTCOME column. Only 39 characters are allowed.
9. Do not write in the RX OR BATCH # column except to use the space for continuation of the outcome.

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	V06.3		U				90760	N	Series Complete	

* If an "R" (for Resolved) is placed in the status column, the date of encounter appears on the health record as an immunization date. Therefore, coding a "U" generates a more accurate record.

Example 3: No Dates Available - Immunizations in Progress

If all dates are not available, but you know that the next booster is due, follow the directions below. DO NOT enter anything in the IMMUNIZATION section. Code in the HEALTH PROBLEMS section.

1. Enter an "X" in the PRIMARY column.
2. Enter the valid immunization ICD code in the ICD CODE column.
3. Do not write in the TYPE column.
4. Enter "U" (for Unresolved) in the STATUS column.
5. Do not write in the EH CODES columns.
6. Enter default CPT code "90760" in the CPT column.
7. Enter "N" (for Normal) in A/N/U column.
8. Enter appropriate message in the OUTCOME column.
   Example: "In progress - booster due 041592"
   Only 39 characters are allowed.
9. Do not write in the RX OR BATCH # column except to use the space to continue the outcome.

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	V06.3		U				90760	N	In progress - Booster	due 041592

SCREENS/LABS

This section is for recording the screenings, examinations, and laboratory tests the student has received. This should be done as soon as possible after the screening (which should be no longer than two weeks).

All screens/labs on a particular health data entry form must correspond to the encounter date at the top of the form. If screenings were done on more than one day, you must use additional forms indicating appropriate encounter dates.

The findings of the screens/labs are indicated in the A/N/U column as "A" (Abnormal), "N" (Normal), and "U" (Undetermined).

The OUTCOME column is used to indicate specific results of screens/labs.

Extra lines are provided to include screens/labs not indicated on the health data entry form.

SCREENS / LABS			A/N/U	OUTCOME
V20.2	____	HLTH EXAM (PRESCHOOL)	___	_____
V70.5	____	HLTH EXAM (SCHOOL AGE)	___	_____
V72.0	99760	GEN.VISION EXAM	___	_____
V72.1	99760	GEN.HEARING EXAM	___	_____
V72.2	00120	DENTAL EXAM (ORAL)	___	_____
V72.2	01120	DENTAL EXAM (PROPHYL.)	___	_____
V72.2	01230	DENTAL EXAM (FLUORIDE)	___	_____
V72.60	99760	HEIGHT	___	_____(CM) _____(IN)
V72.61	99760	WEIGHT	___	_____ (KG) _____(LBS)
V71.2	71000	TB XRAY	___	_____
V74.1	86580	TB SKIN (INTRADERMAL)	___	(INDURATION SIZE - MM)_____
V74.1	86585	TB SKIN (TINE)	___	_____
V78.0	85014	HEMATOCRIT	___	_____
V78.0	85018	HEMOGLOBIN	___	_____
V78.2	83020	SICKLE TEST	___	_____
V81.1	99760	BLOOD PRESSURE	___	_____/_____
V81.51	81002	URINALYSIS (DIPSTICK)	___	_____
V82.81	99760	SCOLIOSIS	___	_____
_____	____	_____	___	_____
_____	____	_____	___	_____

Example 1: Results of Screenings

On the same date, a student received general vision, hearing, and oral dental exams. A height and weight measurement, blood pressure check, scoliosis screening, and preventive health care check were also performed.

1. To indicate results, enter "A" (Abnormal), "N" (Normal), or "U" (Undetermined) in the A/N/U column corresponding to the appropriate service. You may write a brief comment with a maximum of 39 characters in the OUTCOME column.

   NOTE: An entry of "normal" will cause the entry to print on the student's record only until the next "normal" entry of the same code. At that time, all previous "normal" entries will be supressed. However, entries of "abnormal" or "undetermined" will cause the entry and all previous entries to be printed and will continue to appear on the record regardless of new entries.

   * This student wears glasses and has a normal general vision exam with them on.

   * The general hearing exam also proves to be normal.

   * The oral dental exam reveals that the student needs a private referral.

   * The student's height is normal at 60 inches and weight at 105 pounds. NOTE: Height must be recorded in inches only.

   * The blood pressure check is also normal at 110/70.

   * The scoliosis check reveals the possibility of some abnormality, and the student is referred to the scoliosis clinic for a further check.

2. A preventive health care check is performed by the nurse. Because "V72.8" is not one of the ICD codes listed, enter "V72.8" in the ICD column; default CPT code "90760" in CPT column; "N" (for Normal) in A/N/U column. "PREVENTIVE HEALTH CARE" is automatically printed; you do not need to write it.

(See next page for coded form.)

Example 1: (Continued)

SCREENS / LABS			A/N/U	OUTCOME
V20.2	____	HLTH EXAM (PRESCHOOL)	___	
V70.5	____	HLTH EXAM (SCHOOL AGE)	___	
V72.0	99760	GEN.VISION EXAM	N	Wears glasses
V72.1	99760	GEN.HEARING EXAM	N	
V72.2	D0120	DENTAL EXAM (ORAL)	U	Referred
V72.2	D1120	DENTAL EXAM (PROPHYL.)	___	
V72.2	D1230	DENTAL EXAM (FLUORIDE)	___	
V72.60	99760	HEIGHT	N	____(CM) 60 (IN)
V72.61	99760	WEIGHT	N	____ (KG) 105 (LBS)
V71.2	71000	TB XRAY	___	
V74.1	86580	TB SKIN (INTRADERMAL)	___	(MHEALSIZE - MM)____
V74.1	86585	TB SKIN (TINE)	___	
V78.0	85014	HEMATOCRIT	___	
V78.0	85018	HEMOGLOBIN	___	
V78.2	83020	SICKLE TEST	___	
V81.1	99760	BLOOD PRESSURE	N	110/70
V81.51	81002	URINALYSIS (DIPSTICK)	___	
V82.81	99760	SCOLIOSIS	A	Referred to scoliosis clinic
V72.8	90160		N	
____	____	____	___	

Example 2: Health Instruction

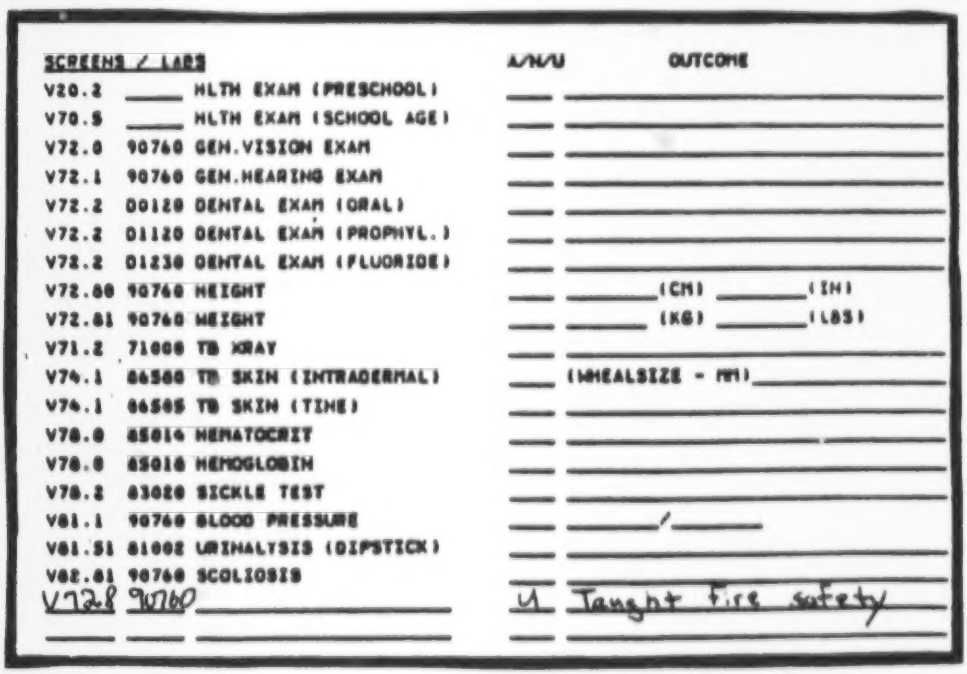
The student received instruction in a health related area. Some of these areas might be home safety, community disease prevention, dangers of cigarette smoking, dangers of alcohol abuse, fire safety, dental hygiene, good nutrition, etc.

1. Enter "V72.8" in the ICD column on blank lines provided at the bottom of the SCREENS/LABS section. V72.8 is not among those codes listed.

2. Enter the default CPT Code "90760" in the CPT column.

3. Enter "N" (Normal) or "U" (Undetermined) in the A/N/U column. NOTE: An entry of "Normal" will cause this entry to print on the student's record only until the next "Normal" entry of the same code. If you enter "Undetermined," the entry and all previous entries, even those that were "Normal," will continue to appear on the record regardless of new entries.

4. Enter an appropriate message in the OUTCOME column. Possible entries may be: "Taught home safety," "Taught dangers of cigarette smoking," "Taught fire safety," "Taught dental hygiene," "Taught nutrition," or "Taught dangers of alcohol abuse."



Example 3: Multiple Health Instruction

The student received instruction in more than one health related area on the same date. (If instruction was on different dates, complete a separate form for each date.)

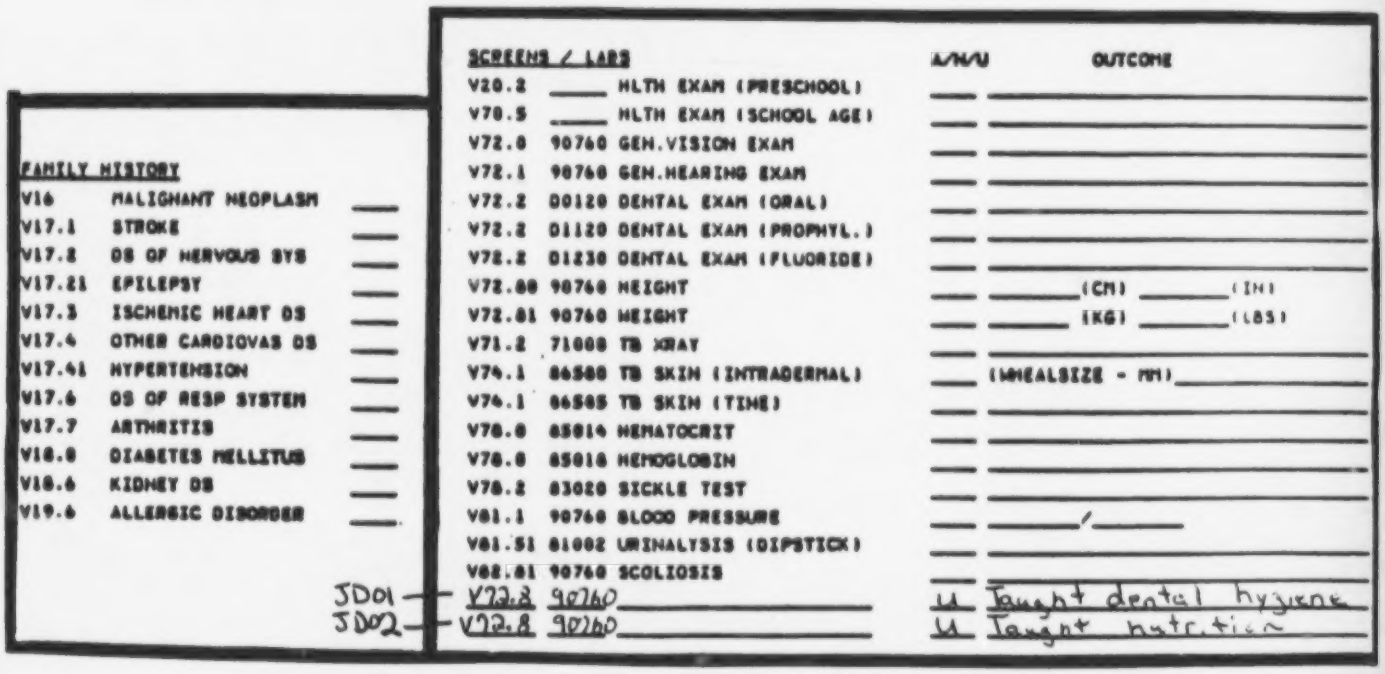
1. Enter "V72.8" in the ICD column on the blank lines provided at the bottom of the SCREENS/LABS section for each instruction received.

2. Enter the default CPT Code "90760" in the CPT column for each instruction received.

3. Enter "N" (Normal) or "U" (Undetermined) in the A/N/U column. NOTE: An entry of "Normal" will cause this entry to print on the student's record only until the next "Normal" entry of the same code. If you enter "Undetermined," the entry and all previous entries, even those that were "Normal," will continue to appear on the record regardless of new entries.

4. Enter the type of instruction received in the OUTCOME column for each instruction received. Types of health instruction might include: "Taught home safety," "Taught community disease prevention," "Taught dangers of cigarette smoking," "Taught dangers of alcohol abuse," "Taught fire safety," "Taught dental hygiene," or "Taught importance of good nutrition."

5. Enter consecutive encounter numbers to the left of each "V72.8" ICD code listed.



FAMILY HISTORY

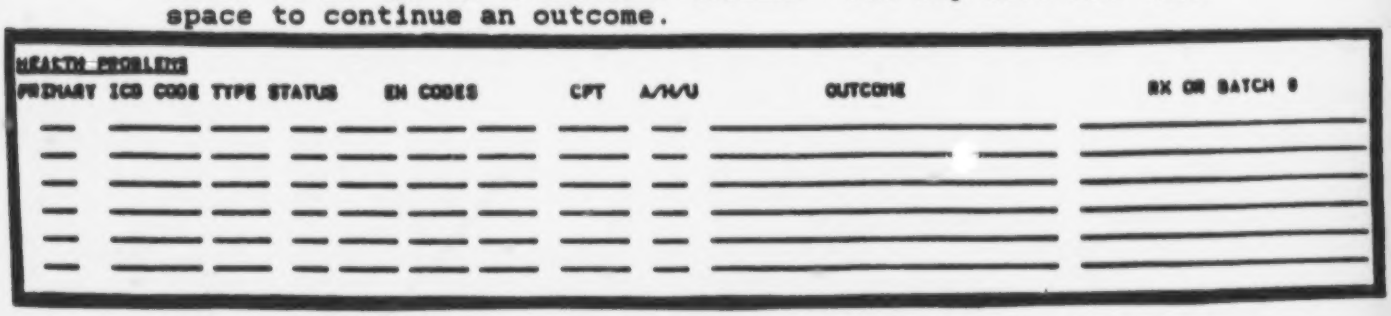
V16	MALIGNANT NEOPLASM	___
V17.1	STROKE	___
V17.2	DS OF NERVOUS SYS	___
V17.21	EPILEPSY	___
V17.3	ISCHEMIC HEART DS	___
V17.4	OTHER CARDIOVAS DS	___
V17.41	HYPERTENSION	___
V17.6	DS OF RESP SYSTEM	___
V17.7	ARTHRITIS	___
V18.0	DIABETES MELLITUS	___
V18.6	KIDNEY DS	___
V19.6	ALLERGIC DISORDER	___

SCREENS / LABS			A/N/U	OUTCOME
V20.2	____	HLTH EXAM (PRESCHOOL)	___	
V70.5	____	HLTH EXAM (SCHOOL AGE)	___	
V72.0	90760	GEN.VISION EXAM	___	
V72.1	90760	GEN.HEARING EXAM	___	
V72.2	D0120	DENTAL EXAM (ORAL)	___	
V72.2	D1120	DENTAL EXAM (PROPHYL.)	___	
V72.2	D1230	DENTAL EXAM (FLUORIDE)	___	
V72.80	90760	HEIGHT	___	_____(CM) _____(IN)
V72.81	90760	WEIGHT	___	_____(KG) _____(LBS)
V71.2	71000	TB XRAY	___	
V74.1	86580	TB SKIN (INTRADERMAL)	___	(MMEALSIZE - MM)_____
V74.1	86585	TB SKIN (TIME)	___	
V78.0	85014	HEMATOCRIT	___	
V78.0	85018	HEMOGLOBIN	___	
V78.2	83020	SICKLE TEST	___	
V81.1	90760	BLOOD PRESSURE	___	_____/_____
V81.51	81002	URINALYSIS (DIPSTICK)	___	
V82.81	90760	SCOLIOSIS	___	
JD01	V72.8	90760	U	Taught dental hygiene
JD02	V72.8	90760	U	Taught nutrition

HEALTH PROBLEMS
GENERAL INSTRUCTIONS

This area is used to record health problems. As previously shown, the HEALTH PROBLEM section can also be used to record data from other sections of the health data entry form. To record health problems, follow the directions below.

1. Enter an "X" in the PRIMARY column.
2. Enter the appropriate ICD code in the ICD CODE column.
3. Enter "A" (for Acute) or "C" (for Chronic) in the TYPE column.
4. Enter "R" (for Resolved) or "U" (for Unresolved) in the STATUS Column.
5. It is optional to enter an E-H code because, in most cases, the computer will assign an appropriate E-H Linkage based on the ICD Code used. Refer to page 39 of the National Health User's Manual for instructions on how to complete this column.
6. Enter the appropriate CPT code to indicate the services provided in the CPT column. ("90760" is the default code which is normally used.)
7. Enter "A" (for Abnormal), "N" (for Normal), or "U" (for Undetermined) in the A/N/U column to indicate the results of the CPT used. The A/N/U column need only be completed if a message is recorded in the OUTCOME column. If not, it can remain blank.
8. Enter an appropriate message in the OUTCOME column if known or desired. If OUTCOME column is completed, you must complete the A/N/U column.
9. If a prescribed medication for the health problem is known, enter it in the RX OR BATCH # column. You may also use this space to continue an outcome.



NOTE: IF YOU HAVE PROBLEMS FINDING AN APPROPRIATE ICD OR CPT CODE, PLEASE CALL THE STATE MSRTS COORDINATOR.

Example 1: Health Problems

A student is diagnosed as having bacterial pneumonia (bilateral, pneumococcal) and is hospitalized, treated, and released.

1. Enter an "X" in the PRIMARY column.
2. Enter "482.9" (for Bacterial Pneumonia) in the ICD CODE column.
3. Enter "A" (for Acute) in the TYPE column.
4. Enter "R" (for Resolved) in the STATUS column.
5. Enter nothing in the EH CODES column because the computer will automatically assign code "008." See pages 50-54 of the National Health Users Manual for a listing of EH codes that are automatically assigned.
6. Enter "90220" (for "Hospital Care, New, Compreh.") in the CPT column to indicate appropriate treatment was received.
7. Enter "N" (for Normal) in the A/N/U column.
8. Enter appropriate message in OUTCOME column. For example, "BATON ROUGE CHARITY HOSPITAL."

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	482.9	A	R				90220	N	Baton Rouge Charity Hospital	

Example 2: Dental Problems

A student with multiple cavities and pain goes to a dentist for treatment.

1. Enter an "X" in the PRIMARY column.

2. Enter "521.0" (for dental caries) in the ICD CODE column. NOTE: When the same ICD code has several different CPT codes, enter the ICD CODE, TYPE, and STATUS on the first line only. Enter as many CPT CODES as necessary.

3. Enter "C" (for Chronic) in the TYPE column.

4. Enter "R" (for Resolved) in the STATUS column.

5. Enter nothing in EH CODES column.

6. Enter "D0130" (for emergency exam); "D7110" (for an extraction); "D7120" (for an additional extraction), and "D1330" (for oral hygiene instructions) in the OUTCOME column.

7. Enter "N" (for normal response to treatment) in the A/N/U column.

8. Enter appropriate message in the OUTCOME column. For example, "Dr. J. E. Bacon, D.D.S., 318-555-4062"

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	BX OR BATCH #
X	521.0	C	R				D0130	N	Dr. J.E. Bacon, D.D.S, 318-555-4062	
							D7110	N		
							D7120	N		
							D1330	N		

SENSITIVE DATA

The problem of recording sensitive data may eventually present itself to you. This information should be discreetly recorded.

Example 1: Alcoholism, Drug Dependency or Other Privileged Information

1. Enter an "X" in the PRIMARY column.
2. Enter ICD code "000" (unspecified health problems) in the ICD CODE column.
3. Enter "A" (acute) or "C" (chronic) in the TYPE column.
4. Enter "R" (resolved) or "U" (unresolved) in the STATUS column.
5. Enter appropriate EH codes if applicable in the EH CODES column.
6. Enter default CPT code "90760" in the CPT column.
7. Enter "U" (for Undetermined) in the A/N/U column.
8. Enter "Sensitive Data - Contact Migrant Nurse" in the OUTCOME column.

HEALTH PROBLEMS										
PRIMARY	ICD CODE	TYPE	STATUS	EH CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	000	C	U				90760	U	Sensitive Data - Contact	Migrant Nurse

There may be times you want to record the symptoms of certain sensitive or confidential conditions. You may do this discreetly as the following two examples illustrate.

Example 2: A Student Is Involved in a Child Abuse and Neglect Situation

Rationale: The area of child abuse and neglect has no ICD code number. Because of the sensitive nature of this subject, the observed signs of malnutrition are indicated as the primary problem. While investigating the malnutrition, the abuse and neglect were discovered.

1. Enter an "X" in the PRIMARY column.
2. Enter "269.9" (for Malnutrition) in the ICD CODE column. Use an ICD Code for observed sign or symptom, not the possible cause.
3. Enter "C" (for Chronic) in the TYPE column.
4. Enter "U" (for Unresolved) in the STATUS column.
5. Enter the default CPT code "90760" in the CPT column.
6. Enter "U" (for Undetermined) in the A/N/U column.
7. Enter "Sensitive Data--Contact Migrant Nurse" in the OUTCOME column.

HEALTH PROBLEMS											
PRIMARY	ICD CODE	TYPE	STATUS	EN CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	269.9	C	U				90760	U	Sensitive Data- Contact	Migrant Nurse

Example 3: An Unmarried High School Student Is Diagnosed as Being Pregnant After Sudden and Repeated Episodes of Nausea and Vomiting During School

Rationale: Pregnancy of unmarried teens carries with it a certain stigma, and some nurses feel reluctant to attach such a "label" to the student by having this appear on the medical record. Many students share this information with the migrant nurse as "confidential, priviledged information" and never intend for it to be recorded anywhere.

1. Enter an "X" in the PRIMARY column.
2. Enter "787.0" (for Nausea and Vomiting) in the ICD CODE column. Use an ICD Code for the observed sign or symptom, not the possible cause.
3. Enter "A" (for Acute) in the TYPE column.
4. Enter "U" (for Unresolved) in the STATUS column.
5. Enter default CPT code "90760" in the CPT column.
6. Enter "U" (for Undetermined) in the A/N/U column.
7. Enter "Sensitive Data--Contact Migrant Nurse" in the OUTCOME column.

HEALTH PROBLEMS

PRIMARY	ICD CODE	TYPE	STATUS	EM CODES			CPT	A/N/U	OUTCOME	RX OR BATCH #
X	787.0	A	U				90760	U	Sensitive Data - Contact	Migrant Nurse

REFERENCES AND RESOURCES

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